

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

10728358

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4		3		3		
5		3		3		
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10		1		1		
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19		1		1		
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22		8		8		
23		0		0		
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TOTAL IND.	15		18			
TOTAL DEP.	32		26			
TOTAL CLAIMS	50		44			